Independent Living Pathways Limited

Independent Living Pathways

Inspection report

Innovation House
Highfield Drive
St Leonards-on-Sea
East Sussex
TN38 9UH
Tel: 0800 043 0460
Website:

Date of inspection visit: 25 and 30 November 2015
Date of publication: 03/02/2016

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

Independent Living Pathways provides care and support through a Domiciliary Care Agency (DCA) to adults with mental health problems who live in leased accommodation with tenancy agreements. These adults live in supported living accommodation and have tailored support packages with an aim to promote more independent living within the community. At the time of this inspection seven people were receiving care and support from the DCA.

This inspection took place on and 25 and 30 November 2015 and was announced with 48 hour notice given.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Summary of findings

The quality monitoring systems and governance systems needed further development to ensure they were used to identify shortfalls and demonstrate effective responses. This included robust recruitment practice for staff.

People were cared for by staff who had not all been recruited through safe procedures. Recruitment checks such as two written references had not always been received prior to new staff working in the service.

The provider was not consistently operating the service in line with their registration requirements. Tenancy agreements were not clear that care and support were provided separately from the accommodation, as required for supported living. The operation of the service was also being conducted from an office which was not registered. We were advised a suitable application had been submitted to address this matter.

People's individual care and support needs were assessed before they were provided with a service. Care and support provided was personalised and based on the identified needs of each individual. People were supported to develop their life skills and increase their independence. People, where possible, were supported to move onto further accommodation where they could be more independent, for example into their own flat. People's care and support plans and risk assessments were detailed and reviewed regularly. People told us they had felt involved and listened to.

People were supported to access health care professionals routinely and as required as a result of changes in health. Staff were aware of the processes they needed to follow to raise concerns about people's health. All appointments with, or visits by, health care professionals were recorded in individual care plans. There were procedures in place to ensure the safe administration of medicines. People were supported to take their medicines and increase their independence within a risk management framework.

There were sufficient numbers of suitable staff to keep people safe and meet their care and support needs. The number of staff on duty had enabled people to be supported to attend educational courses, day care, social activities and to develop their life skills to become more independent. People felt well supported, and were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. People spoke positively about the registered manager and said that they could approach them about any issues they wanted to.

Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff. Staff demonstrated a good understanding of safeguarding procedures.

There were systems in place to monitor the quality of the service which included satisfaction surveys and meetings with staff and people who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Risk assessment were clearly documented with guidelines for staff to follow to mitigate the risk. There were sufficient staff numbers to meet people's personal care needs.

Medicines were stored appropriately and there were systems in place to manage medicine safely.

Staff were confident they could recognise abuse and knew how to report it.

Good

Is the service effective?
The service was effective.

Staff had a basic understanding of the Mental Capacity Act 2005 and consent issues. Appropriate policies and procedures were in place for staff to refer to.

Staff had a good understanding of people's care and support needs. People were supported by staff who had the necessary skills and knowledge to help them develop their life skills and independence.

People spoke positively about the meals and the support they received in their preparation.

People had access to health care professionals for regular check-ups and support as required.

Good

Is the service caring?
The service was caring.

Staff treated people with understanding, kindness, and respect.

People were happy with the care and support they received. They felt their individual needs were met and understood by staff. They told us they felt they were listened to.

Staff were able to give us examples of how they protected people's dignity and treated them with respect. They were also able to explain the importance of confidentiality, so that people's privacy was protected.

Good

Is the service responsive?
The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to.

Staff worked to support people to be as independent as possible and to enjoy life in the community.

Good

Summary of findings

A complaints procedure was in place. People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The provider was not consistently operating the administration of the DCA in line with their Registration requirements.

Quality monitoring systems were not well established to identify all areas for improvement and monitoring.

People spoke positively about the registered manager and staff told us they were well supported.

Independent Living Pathways

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 30 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection team consisted of one inspector and an expert by experience who had a direct knowledge of metal health services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service this included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke to a commissioner of care from the local authority before the inspection.

During the inspection we were able to talk with six people who used the service. We also spoke with four staff members, the registered manager and a visiting social care professional. Following the inspection we spoke with a further social care professional and a health care professional.

We observed care and support in communal areas and spent time in the DCA office and listened to a staff handover.

We reviewed a variety of documents which included people's care plans, three staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the service.

We 'pathway tracked' two people who used the service. This is when we looked at people's care documentation in depth, obtained their family views on how they described the care at the service and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about people receiving care.

Good

Is the service safe?

Our findings

All feedback from people receiving care said they felt happy and safe at all times. One person said "I am very safe." People told us they felt secure, however one person said the front door was not always secured. This was raised with the registered manager who confirmed a lock was in place and people needed to make sure the door was closed. He confirmed people and staff had been made aware of this.

It was very important for people who were receiving care and support from Independent Living Pathways that they took their prescribed medicines regularly and in the correct dosage. The provider had appropriate arrangements which ensured staff were able to administer and supervise people in regard to safe administration, receipt, storage and disposal of medicines. We looked at people's medicine records and found that recording was clear and accurate. When people were prescribed variable doses, clear guidelines were in place for staff to follow to ensure staff administered medicines in a consistent way. People were provided with individual storage facilities in their own accommodation to be used when they became more independent.

The provider had a number of policies and procedures to ensure all staff had guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. All staff confirmed that they had completed training on safeguarding people. Staff were able to demonstrate a good understanding of their role and responsibilities and how to identify, prevent and report abuse. They gave examples of how people could be risk when outside of their own accommodation and were vigilant for any signs and possible risk. For example, unknown people waiting to approach people when they left their home. The registered manager had a good understanding of the local multi-agency policies and procedures for the protection of adults. They described how they had used these in the past and worked with social services to protect people.

Risk assessment documentation clearly identified hazards and risks and measures were put in place to reduce these as far as possible in an individual way. For example, the risks associated with people not taking their medication were risk assessed with measures put in place to promote compliance with prescribed medication. One person was observed closely to ensure medicine was taken. Risk assessments were reviewed and updated to ensure staff responded to risks in the most appropriate way.

Staffing arrangements ensured staff were available and to support and care for people when they needed this support. Staffing was co-ordinated and recorded on a staffing duty rota. Staff knew when they were working and a handover took place each morning where staff were designated to each person.'

Staff told us there were enough staff to provide the required support and the registered manager and his wife who worked as a manager were available most days for additional support and provided emotional support to people and staff if required. One staff member said, "You know you can call the manager at any time and that he will drop everything and be there to support you."

The registered manager had systems in place to deal with any foreseeable emergency. Contingency and emergency procedures were available to staff and a member of the management team were available at any time for advice. Staff knew what to do in the event of a fire and other emergencies. For example, in the event of adverse weather conditions the registered manager had access to a four by four vehicle to ensure staff could get to work.

The service had a designated person to co-ordinated staff recruitment. There was a recruitment procedure in place. We found staff records included application forms, confirmation of identity and of the person's right to work. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

Good

Is the service effective?

Our findings

People told us they received care and support from staff who knew how to meet their needs. One person told us, "My mental health is improving." Another said, "Staff check on us to make sure we are okay." People felt that staff worked as a team to support them and responded to what they discussed during meetings with the registered manager and with key workers. People told us, there was "Good availability of staff for one to one sessions."

Staff knew the people they supported well and shared information on people on a regular basis so staff were up to date on any changes in people's needs. Staff told us there were good systems to maintain communication between staff with the registered manager involved on a daily basis. Staff told us they felt very well supported by the registered manager and other managers working for the service. They said the registered manager was approachable and would listen to them at any time. One staff member told us, "I know I can get hold of him at any time to discuss anything."

Records confirmed that staff supervision was completed on a regular basis mostly with the registered manager. Supervision had been developed further by the management team in response to feedback received from staff and now provided a more thorough process. Staff supervision was an opportunity for senior staff to encourage staff to reflect on learning from practice, offer personal support and identify professional development opportunities.

When new staff started work they undertook an induction programme. New staff told us this gave them the skills to respond to people's needs effectively. There was a period of shadowing with senior staff and new staff told us they were not left to undertake any work that they were not confident to undertake.

A staff training programme was in place and ensured staff undertook a range of training that supported them in their role. Essential training was identified and staff attended this on a rolling programme which was monitored through a training matrix which ensured staff attended as required. This included fire safety, food hygiene, medication, first aid and safeguarding. Additional specific training was provided to meet specialist needs of people. For example, training on autism and diabetes.

People had access to the kitchen, and were encouraged in cooking and preparing their own food and snacks. People were being supported with food shopping, menu planning and the cooking of their own meals where this had been identified as a life skill to be developed. People spoke positively about the food and said that staff supported them to buy and cook. One person agreed with staff what food they wanted purchased on their behalf. They said, "The staff do the shopping for me." Others said, "Staff help me cook for myself" and "The staff let me do my own cooking." People ate when they wanted to and this meant they would often eat alone, this could be in their own flats or in the communal areas. Staff encouraged and supported people to eat a balanced and nutritional diet. Staff told us how they monitored what people ate when concerns had been recognised about one person's loss of weight. This loss of weight was followed up in conjunction with the person and their GP.

Staff demonstrated an understanding and there were policies available that reflected on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care staff we spoke with had a basic understanding of mental capacity and informed us how they gained consent from people. We were told that people were able to make their own decision about care and had capacity to do so. The registered manager told us that if they had any concerns regarding a person's ability to make a decision, suitable professionals would be involved to assess and ensure any decision was made in a person's best interest following a capacity assessment.

People were supported to maintain regular contact with health and social care professionals. Staff were aware that these links were important and supported people with them. For example, the registered manager had ensured that required blood tests for a person were completed in a timely fashion. This meant a therapeutic level of medicine was monitored and maintained. Staff reminded people about appointments and when necessary were available to escort people. People made their own appointments with their GP but staff monitored their health needs and talked

Good

Is the service effective?

to people if they thought a GP or appointment with a member of the community mental health team was needed. In these cases staff worked with the professionals to maintain people's independence and prevent admission to hospital. Other professionals met people in their own accommodation.

Good

Is the service caring?

Our findings

People told us they liked the staff that they were supported by and said that were kind and always helpful. Comments included, “The staff are really nice” and “Lovely staff.” Interaction between people and staff was positive and staff supported people in a way that encouraged them to take an interest in and complete daily life activity as independently as possible. Staff interaction was relaxed and natural and staff were always friendly and polite. People said, “The staff really try to help me,” “The staff are very caring” and “The staff are good people.” Feedback from the relatives and the social care professionals was that staff were very kind and caring. One professional said, “They go over and above what is expected to help and support people.” During our inspection we spent time in the service with people and staff. People were comfortable with staff and frequently engaged in friendly conversation or an activity.

Staff responded to people politely, giving them time to respond and asking them about how they were going to spend their time. Staff patiently explained options to people and took time to answer their questions. Staff were attentive, listened to people and took an interest in what they were doing. People said, “Staff really try to help me” and “The staff listen to me.”

Care provided was personal and met people’s individual needs. People were addressed according to their preference and this was by their first name. A key worker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in their care and support. People were aware of the keyworker system. Staff spoke about the people they supported fondly and with interest. People’s personal histories were recorded in their care files to help staff gain an understanding of their personal life histories and staff were knowledgeable about their likes, dislikes and what was important to them. For example one person was supported to attend local church services. Staff spoke positively about the approach of the staff working in the service. People had a care and support plan which detailed their goals and progress for working towards being more independent. People had a great deal of independence. They decided where they wanted to be in the service, what they wanted to do, when to spend time alone and when they wanted to chat with other people or staff.

People had been told what they should expect when living in the service to ensure their privacy and dignity was considered. People had their own bedroom and en-suite facility for comfort and privacy. This ensured they had an area where they could meet any visitors privately. People were encouraged to have their rooms and own accommodation as they wanted them. One person said, “This is a good environment to live in” and another said, “I don’t want to move.”

Staff were aware of the importance of maintaining people’s privacy and dignity, and were able to give us examples of how they protected people’s dignity. One staff member told us “Their own room is their private space we would never enter uninvited. “

People had been supported to keep in contact with their family and friends. People all had the support of their family, and had not had the need for additional support when making decisions about their care from an advocacy service. However, the registered manager had information on how to access an advocacy service should people require this service. People had been supported through a relative’s ill-health and bereavement. Staff had attended a funeral and provided ongoing emotional support as necessary.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people’s personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people’s private information.

Good

Is the service responsive?

Our findings

People were involved in making decisions about their care. People were listened to and enabled to make choices about their care and treatment. People were supported by staff with individual packages of care to develop their skills and increase their independence with the agreed goal that people were working towards. People said, "The staff are responsive to my needs" and "Staff supervise me when I take my meds." Social care professionals confirmed people had been supported in meeting their goals in a positive way which impacted on the quality of people's lives.

Before someone was provided with a service, a pre-care assessment took place. This identified the care and support people required to ensure their safety. This enabled senior staff to identify if people's individual care and support needs could be met by the service.

Staff understood people's individual needs and there was an opportunity to build positive and supportive relationships. Staff showed genuine pleasure and pride when people progressed to further independence. Staff told us that care and support was personalised and confirmed that people were directly involved in their care planning, goal setting and any review of their care and support needs. Care plans were comprehensive and gave detailed information on people's likes/dislikes/preferences and care needs. There was evidence in the care plans that people had been involved in their assessment and care planning.

People had clear and detailed care and support plans which reflected their individual needs and preferences. These described a range of people's needs including personal care, communication, eating and drinking and support required with medicines. For example where people were independent or needed prompting for part of their personal care. This information would ensure that staff understood how to support the person in a consistent way and to feel settled and secure. These had been reviewed and updated to progress towards the development of people's life skills and independence. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, staff confirmed that advice and support had been sought from the community mental health team and the community dietician on a regular basis.

Daily records were completed and recorded what care had been provided, what people had done and how people were with any observations of mood. In this way staff could monitor people's well-being and any indication of ill-health which could be responded to quickly. In this way staff recognised when people needed additional support from them or a health care professional.

People were actively encouraged to take part in daily activities around their own accommodation such as cleaning and laundry, courses to develop their life skills and in activities they enjoyed in the community. One person had been supported to sign up to a carpentry course which would provide a recognised qualification and another was supported to attend a day care centre. One person told us, "The staff let me go shopping on my own." Another told us, "I cook and clean at my own pace." A professional chef visited people and provided them with cooking lessons in one of the communal kitchens on healthy eating on a budget.

People met regularly with their key worker and the registered manager. This gave them the opportunity to reflect on their care and support package and how their programme for further independence was progressing. People benefited from regular contact with people who were working with them to a common aim. The registered manager was also instrumental in providing stability in people's lives and emotional support when required.

People were made aware of the compliments and complaints system which detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external agencies who people could complain too, such as the local Social Services Departments. People told us they felt listened to and if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. Records confirmed that complaints were taken seriously and responded to in a sensitive way.

Requires improvement

Is the service well-led?

Our findings

People said they felt the service was very well run and the management was approachable. They felt they were listened to and could influence the service provision. One person said, "The place is run well" another said, "I love the management."

Despite this positive feedback we found the service was not consistently well-led. We found the service was operating from an office which was not registered as a location and therefore the provider was not operating within their registration requirements. This was raised with the registered manager who confirmed in writing that an application to register the office address as an additional location had been submitted. We found people had individual housing tenancy agreements which were separate from their care arrangements. However as the registered provider was also the landlord they had failed to ensure people's documentation made it expressly clear that they could choose a different care provider if they wished to. The registered manager made assurances that this was the case and confirmed different tenancy agreements were in place for different people. Arrangements for accommodation and care and support must be separate and not reliant on each other and the provider may need to consider if the service provision is correctly registered if they are. All agreements must be clear for the tenant and any representative. This is an area that requires improvement.

The organisational policies and procedures and supporting audit systems did not ensure safe and best practice was followed in all areas. For example, there was no system to ensure staff working in the service had all appropriate checks completed. Two staff references had not been sourced for all staff before employment and this had not been identified during audits. Therefore the provider had not assured themselves their systems were effective in ensuring that all staff were suitable to work with people. This was an area identified as requiring improvement. However the management team did use quality auditing systems to monitor and improve the quality of the service in some other areas. This included an audit on infection control, care documentation and medication. The audit on care documentation had initiated a change to the documentation used and its completion. It now records how people are feeling and their level of well-being more clearly.

There was a clear management structure with identified leadership roles. The registered manager regularly worked with people and staff. In this way they had a good understanding of people's needs, staff skills and had a good overview of the service provision.

Staff members told us they felt the service was well-led and that they were well supported at work. They told us the registered manager and other senior staff were approachable and dealt with any issue effectively. Staff surveys had been used and information gathered at these had been reported on and were to be shared at the next team meeting for discussion. Team meetings were held on a regular basis and staff were able to share their views at these and discuss proposed changes to improve working conditions. Team meetings were used to support staff through difficult challenges, to share good news and achievements along with people's care and good practice. For example, a recent marriage between to staff members was celebrated.

The service had a clear philosophy which was to enable people to be as independent as possible and move on to live a more independent life within the local community. It valued people and staff as individuals and worked to provide a safe and therapeutic environment where people could have the best quality of life as possible. These aims were shared with staff regularly and staff spoke positively about the goals people had achieved and were proud when people were able to move onto a more independent lifestyle.

Surveys were used to gather feedback from people, their family and visiting health and social care professionals about the quality of the care provided. Information received within these was recorded and reported on. Most were very positive and a concern raised by one person about security of the accommodation had been addressed. This demonstrated that the registered manager sought people's views and responded to them.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line

Requires improvement

Is the service well-led?

with their legal obligations. The registered manager showed us the procedure in place to respond appropriately to notifiable safety incidents which may occur in the service.